**Author’s response to reviews**

**Title:** Quality of life, food tolerance, and eating disorder behavior after laparoscopic gastric banding and sleeve gastrectomy. Results from a Middle Eastern center of excellence.

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**Version:** 2 **Date:** 03 May 2018

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OBSY-D-17-00054R1

Quality of life, food tolerance, and eating disorder behavior after bariatric surgery. Results from a Middle Eastern center of excellence.

Khalid Al Khalifa; Ahmed Al Ansari

BMC Obesity

Dear Editor

We have made the following point-by-point responses to the reviewers’ comments by reiterating each comment in this letter, and have indicated how and where the manuscript has been revised to address the comments in this letter. A clean version of the manuscript has been submitted as well.

Editor Comments:

1. Please kindly add a statement that "All authors read and approved the final manuscript." in "Authors' contributions" section.

Dear Editor, thank you for kindly pointing that out. We have added this statement at the end of the authors’ contribution section.
Reviewer report:

LM Funk (Reviewer 1): The authors report that among 84 patients who underwent either a sleeve or band in Bahrain, QOL was similar between the two but sleeves did better in terms of food tolerance and eating disorders. The main strength of this study is that there is limited published data in these areas with respect to patients from the Arabian Gulf Region as the authors note. This work helps inform subsequent clinical care and adds to an important body of literature regarding bariatric surgery outcomes from throughout the world. The manuscript is well-written.

Suggestions for improvement:

Dear Reviewer, thank you for this comment. We have responded to the comments below and made changes to the manuscript accordingly.

1. Study limitations - I think this section needs to be developed a bit more. Specifically, there is no preoperative band data so it's not really possible to QoL changes between sleeve and band (e.g. one can't really say whether bands or sleeves improved their QoL more). I think this should be explicitly acknowledged in the limitations section. Are there other study limitations? Are the study findings generalizable to other populations? The proportion of female patients, for example, seems lower than most studies (where it's around 80%).

Dear Reviewer. Thank you for that suggestion. We have provided more descriptions of the limitations of this study and expanded this section. This can be found in page 14 lines 4-16.

2. Describing a gastric sleeve resection as a "simple" operation seems inaccurate. Compared to a bypass, most would agree that it is technically more straightforward. But it is still major abdominal surgery and an operation that is technically challenging with areas of uncertainty (how small to make the sleeve, staple line reinforcement, distal from pylorus, etc)

Dear Reviewer, thank you for pointing that out. You are right, we removed “and the technique is simple” in response to your comment which was in page 7 line 12.

3. What was the median duration of follow-up? What was the follow-up rate for filling out the questionnaires? It currently appears as though the follow-up rate was 100%.

Dear Reviewer, thank you for that comment. In responses to your comment, we have added all the recommended information in the results section. This can be found in page 7 lines 8-10.
4. Results, demographics - Can the authors include the actual preop BMIs and BMI reductions rather than just the p value? Same with %EWL.

Dear Reviewer, thank you for that recommendation. In response to your comment we have added the actual reductions in addition to the P values in page 7 lines 10-16.

Thank you.